Pickerville WI

A Winter Information Program

SUICIDE AND THE COMMUNITY

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SUICIDE AND THE COMMUNITY

To be, or not to be: that is the question:
Whether 'tis nobler in the mind to suffer
The slings and arrows of outrageous fortune,
Or to take arms against a sea of troubles,
And by opposing end them. To die: to sleep:
No more; and by a sleep to say we end
The heart-ache, and the thousand natural shocks
That flesh is heir to, 'tis consummation
Devoutly to be wish'd. To die, to sleep; . . .

HAMLET
WILLIAM SHAKESPEARE

Suicide is a very scary word. It means different things to different people. And it stirs memories -- the whispered conversations your parents had after the death of Aunt Harriet; the concerns you had about your brother after the construction company went bankrupt and he was out of work for nine months; the questions you were afraid to ask after Joe, your next door neighbor, died in a single-vehicle traffic accident; perhaps, even the emptiness and depression you, yourself, faced after your marriage disintegrated so suddenly and so permanently.

Suicide is not predictable. There is no age group, nor segment of the population, immune. Researchers have tried time and time again to identify those people most susceptible to suicide. And, as a result, many scales have been created to measure suicidal intent. Many theories have also been developed to explain suicide -- an ecological theory, a developmental theory, a learning and conditioning theory, a genetic theory, an internal environmental theory, a neurophysiological theory, etc., etc., etc.[1]. But none of

the scales or theories has provided a way to predict with any degree of certainty those people most likely to attempt suicide.

The purpose of this paper, however, is not to present a theoretical report on suicide, nor to train you to predict who might attempt or commit suicide. Rather, the intention is simply to provide you with information about a subject still considered "taboo" by many people.

> Until recently people considered sex and death the major taboo subjects, spoken of only in whispers behind closed doors. But attitudes have changed. Sexual taboos in speech as well as practice have all but vanished. And such once-forbidden topics as homosexuality, bi-sexuality, rape, and abortion are openly discussed. As for death as a subject, it has become almost fashionable today. Books, television shows, and motion pictures dealing with some aspects of death appear one after the other. And 'thanatology' societies that study death and help people cope with it have grown up in many communities.[2.]

But suicide is still shrouded in mystery, surrounded by superstition and, sometimes, even romanticism. It is our hope that, as a result of reading "Suicide and the Community", you will feel more at-ease with the subject of suicide, understand how someone could consider self-destruction and be able to offer appropriate help.

The first time it happened I was ten.
It was an accident.
The second time I meant
To last it out and not come back at all.
I rocked shut
As a seashell.

They had to call and call
And pick the worms off me like sticky pearls.
Dying
Is an art, like everything else.
I do it exceptionally well.

I do it so it feels like hell.
I do it so it feels real.
I guess you could say I've a call.

ARIEL
SYLVIA PLATH[3].

Suicide has been defined in many ways. But for simplicity, this paper will consider a suicide as "one who destroys himself knowingly".[4]. The act of suicide will be treated as the end result of a process, not as the process itself.[1]. This means that we will focus not upon the life events influencing an individual to choose suicide, but rather on what can be done when you realize an individual has selected suicide as the only "viable" option. How can you, a lay person, help prevent a suicide attempt?

Suicide is both threatening and frightening to the average person. It's difficult for most of us to imagine why anyone would choose to die, especially by his or her own hand. Yet people do select suicide, challenging our most basic attitudes and beliefs about the value of life.

It is therefore important that you know how you, yourself, feel about suicide. Do you have a realistic perspective? Or have myths and superstitions blended with facts to protect you against the "unknown"?

Test yourself by deciding whether the following statements are true or false:

1. Suicide is immoral.
2. Suicide is illegal.
3. Suicide happens without warning.
4. Suicidal people are fully intent upon dying.
5. Once a person is suicidal, he or she is suicidal forever.
6. The person who fails at suicide the first time will eventually succeed.
7. When a person talks about suicide, he or she is just looking for attention.
8. Talking about suicide to a troubled person only increases the risk of suicide.
9. People who kill themselves are insane.
10. Improvement after a suicidal crisis means that the risk of suicide is ended.
11. People undergoing therapy rarely commit suicide.
12. Suicide "runs in families".
13. Women commit suicide more frequently than men.
14. More "rich" people commit suicide than "poor" people.
15. More suicides occur around Christmas time and during bad weather than any other times of the year.
16. More suicides occur after midnight than any other time of the day.

Does it surprise you that the correct response to all sixteen statements is "false"? How many did you think were "true"?

Let's now examine each of the statements.

1. *Suicide is immoral.*

> As a form of human behavior, suicide is probably as ancient as man himself. Suicide has been practiced for thousands of years in primitive and historic societies, but the ubiquity of the phenomenon has been associated with a wide diversity of attitude and feeling in the judgment of suicidal behavior. Societal responses to the act of self-destruction can be viewed as a spectrum ranging from outright condemnation on the one hand through mild disapproval to acceptance and incorporation into the socio-cultural system on the other. But, just as societies vary in their reactions to suicide, so attitudes within a society have changed in the course of time.[5].

In other words, the morality or immorality of suicide depends on the beliefs and attitudes prevalent in a culture at the time of the suicide.

> *Then is it sin*
> *To rush into the secret house of death,*
> *Ere death dare come to us?*
>
> *WILLIAM SHAKESPEARE*[6].

The Hebrew Bible and the New Testament neither prohibit suicide nor condemn suicidal behavior. In fact, the word "suicide" did not appear in the English language until the seventeen century. However, early Greek and Roman history frequently reports people killing themselves to maintain honor or to avoid death by enemy hands. Until the nineteenth century, India practiced the religious custom of "suttee", which obliged a widow to burn herself on the funeral pyre of her dead husband. Today, terrorists and certain religious fanatics condone suicide to support their cause and/or faith.

From a religious perspective, suicide is seen as a violation of the commandment, "Thou shalt not kill" and, hence, a crime against God. Further, it has historically been argued that if there is a God, we owe to Him or Her a duty not to take our own lives.[7] These views, however, have been modified in the twentieth century. Whereas, until two decades ago burial in sacred ground was denied to Christians who had taken their own lives, unless they had shown signs of repentance before death, it is now generally believed that a suicide is not responsible for the act and is, therefore, incapable of sin. Similarly, according to the practices of Judaism, almost all suicides are treated as individuals who destroyed themselves "unwillfully" and are, thus, eligible for the usual rituals for the dead.[8]

There is but one truly serious philosophical problem, and that is suicide. Judging whether life is or is not worth living amounts to answering the fundamental question of philosophy.

THE MYTH OF SYSIPHUS
ALBERT CAMUS[9]

Because different value systems have different views of suicide, the question of the morality of suicide has not absolute answer except in the context of each individual's attitudes and beliefs. Morality aside, however, suicide is a waste of human potential and a great loss for relatives and friends. "Suicide troubles and appalls us because it so intransigently rejects our deeply held conviction that life must be worth living."[10] We may not be able to rationalize such an ending for ourselves, but we must be able to feel for those for whom suicide

has emerged as salvation. We need to be able to communicate with these individuals -- to listen to their troubles and to hear just what they are saying -- and to try to help them reach out for appropriate professional assistance.

2. *Suicide is illegal.*

Until this century, suicide was a crime in Canada, and many parts of the United States. Until the nineteenth century, a suicide in England faced burial "in the highway with a stake through the heart, forfeiture of property and denial of joint property to a surviving spouse".[11.]

It is no longer a criminal offense in Canada to commit or attempt to commit, suicide. However, it is an offense, punishable by imprisonment for up to five years, to encourage or assist anyone to commit suicide.[12.]

While there is no longer legal punishment, per se, for the families of suicides, there are other penalties. Life insurance policies generally exclude death by suicide in the first two years of a policy. In certain instances, death by suicide is not covered at all.

What also remains is the guilt and shame felt by relatives and friends of the suicide . . . not to mention the sense of responsibility. Society has shifted the "blame" for suicide from the person ending his or her own life to those who must face the aftermath. Thus, "post-vention" programs have emerged to provide support to people suffering

the loss of a relative or friend through suicide. These programs help people to deal with their feelings about the suicide and to see it as one part of their lives, not the prime focus of their future.

3. *Suicide happens without warning.*

It's a myth that suicides happen "out of the blue". Studies have revealed that approximately 80% of people who die by suicide previously communicate their intention either directly or indirectly to the important persons in their lives.

For example, the poem on page 9 was written by a fifteen-year-old boy and given to his English teacher.[13.] The teacher read the poem, but did nothing and said nothing to him. The boy later committed suicide.

The point of this example is not to castigate the teacher, who did not recognize how troubled the youth was, but rather to call attention to the type of clues which may be left for someone to follow. The clues may be very subtle, or they may be direct statements of the intention of suicide. Clues and possible warnings that a person is considering suicide are discussed at length on page 15.

TO SANTA CLAUS AND LITTLE SISTERS

Once . . . he wrote a poem.
And called it "chops,"
Because that was the name of
his dog, and that's what it was
all about.
And the teach gave him an "A"
and a gold star.
And his mother hung it on the
kitchen door, and read it to
all his aunts . . .
Once . . . he wrote another
poem.
And he called it "Question Marked
Innocence".
Because that was the name of
His grief and that's what it
was all about.
And the professor gave him
an "A"
And a strange and steady look.
And his mother never hung it
on the kitchen door, because
he never let her see it . . .
Once, at 3 A.M. . . . he tried
another poem.
And he called it absolutely
nothing, because that's what it
was all about.
And he gave himself an "A"
And a slash on each damp wrist,
And hung it on the bathroom
door because he couldn't reach
the kitchen.

15 year old boy who later
committed suicide.[13.]

4. *Suicidal people are fully intent upon dying.*

A person in suicidal crisis wishes to live and die at the same time. "Even the most severely suicidal person has mixed feelings about death, wavering until the last moment between wanting to live and wanting to die."[14]. It is this ambivalence that causes a suicidal person to seek help prior to attempting suicide and during or immediately after an attempt.

5. *Once a person is suicidal, he or she is suicidal forever.*

People who are suicidal are so for a limited time only. This is not to say that the suicidal feelings won't "come and go". They will likely keep returning until whatever caused them has been explored, understood and resolved.

Crises usually are temporary, and the majority of those receiving help through a crisis never attempt suicide again.

6. *A person who fails at suicide the first time will eventually succeed.*

Although the risk of suicide for individuals who have made previous attempts is 1,000 times greater than that for the population at large, "only one percent of all survivors of suicide attempts kill themselves within one year; only 10 percent within ten years".[15].

For many people, a suicide attempt is a turning point. With support and help, these individuals can learn other ways to cope with

problems.

7. *When a person talks about suicide, he or she is just looking for attention.*

Many people believe that a person talking about suicide, like a person making repeated suicide attempts, is just looking for attention and that ignoring him or her is the best thing to do. That is the worst possible reaction.

A potential suicide <u>is</u> crying out for help, love, understanding <u>and</u> attention. He or she wants someone to understand the feelings of despair . . . someone to listen to the impossible problems . . . someone to help discover possible solutions. If not taken seriously, the desperate individual may actually become a fatality.

8. *Talking about suicide to a troubled person only increases the risk of suicide.*

Quite the contrary. It is actually much more dangerous <u>not</u> to talk about suicide. The troubled person usually wants to communicate his or her suicidal feelings and thoughts to someone who will listen nonjudgementally and caringly. It will doubtlessly be a relief to talk about suicide honestly, openly and directly.

It's worth noting that should a friend or classmate of your child commit suicide, it's important to talk with your child about the death as soon as possible. Such a death within a community may sanction

suicide as an acceptable way to deal with problems and may lead to attempts by other youths.

9. *People who kill themselves are insane.*

According to one recent study, less than 10% of suicides can be classified as insane or psychotic.[16.] People who are suicidal are miserably unhappy. Most are deeply depressed and suffer from loneliness and feelings of hopelessness and despair. They are, however, not insane.

It is depression that is much more frequently involved in suicides than "exotic" mental illnesses. And it is estimated that up to 80% of the population will suffer from varying degrees of depression sometime or other.

10. *Improvement after a suicidal crisis means that the risk of suicide is ended.*

Again, a myth. "Clinical studies have shown that half the people who were in a suicidal crisis and subsequently committed suicide did so within ninety days, when they appeared well on the way to recovery."[17.]

A depressed person frequently lacks energy to act. As the depression lifts, the person regains the power to put suicidal thoughts into action. With a decision made, the individual is likely to be calm and serene . . . content in his or her final days.

11. *People undergoing therapy rarely commit suicide.*

"Studies have shown that fully three quarters of all those who commit

suicide have seen a physician within a month or two of the day on which they take their lives (40 percent within the previous week)."[18.]

It is a deathly myth that people "in therapy" will not commit suicide. Sometimes they do, despite the best efforts of professional counsellors. Clients may not reveal their plans nor suicidal feelings to anyone. Nonetheless, it is the professional counsellor who is the most appropriate resource for suicidal people.

12. *Suicide "runs in families".*

There is no evidence of a genetic predisposition towards suicide -- i.e., suicide does not "run in a family". However, the occurrence of a suicide in a family may provide a "model" for the behavior of other family members in much the same way as suicide may become an "acceptable" method for school children to deal with problems (see page 11).

The reverse of this is also not true. The lack of a history of suicide in a family does not protect a family member from taking his or her life.

13. *Women commit suicide more frequently than men.*

Men commit suicide more frequently than women (in Alberta, the ratio is 4:1). Women, on the other hand, attempt suicide more frequently than men (3.5:1).

14. *More "rich" people commit suicide than "poor" people.*

False, as is the converse. Suicide occurs at roughly the same rate in all levels of society. No one group is more susceptible to suicide than any other.

15. *More suicides occur around Christmas time and during bad weather than any other times of the year.*

The so-called "Christmas blues" do not produce an increase in the number of suicides. Perhaps this is because people remember to help others, especially the lonely and less fortunate, during the holiday season. Nor are suicide rates directly affected by bad weather or the phases of the moon.

The times of the year which consistently seem to have the highest number of suicides are the spring and fall (i.e., changing seasons). There is no scientific explanation for this. Perhaps it is because in the spring, people who have managed to deal with their depression through the winter months, find a change of season has occurred, but no change in the severity of their problems. A similar process occurs in the fall.

16. *More suicides occur after midnight than any other time of day.*

False. More suicides occur between 3:00 p.m. and 6:00 p.m. than late at night.

After exploring both the myths surrounding suicide and your own attitudes and feelings towards it, we trust you now possess a very general knowledge of

suicide. More information will be found by referring to any of the books or papers listed in the footnotes.

> Suicide is a peculiarly human problem. There is no evidence that what seems to be self-destructive behavior in animals is associated with the wish to die. At some stage of evolution, man must have discovered that he can kill not only animals and fellowmen but also himself. It is difficult to imagine man in the future without this potential, which has sometimes been proclaimed as one of the basic human freedoms. Suicidal acts will continue to be committed. There are no prospects that an antisuicidal substance will be discovered in the foreseeable future.[19]

We don't have an "antisuicidal substance", but we do know something about the behavior patterns of suicidal people. Remember: nearly every person who attempts suicide is ambivalent (page 10) and leaves "clues" for others in hope that someone will care enough to help.

What are these clues? How can we recognize them?

Sometimes, people will say directly that they are planning to kill themselves:

"I'm going to kill myself."

"I'm going to end it all."

Sometimes, the statement will be indirect:

"My family would be better off without me."

"They'll be sorry when I'm not around. I'll show them."

"I don't want to be a burden."

"I can't stand it any longer."

"It's so hard to get up in the morning -- there's nothing to live for anyway."

If you hear these or similar phrases, then explore the feelings and thoughts of the person speaking them. Even if you're scared or feel anger or resentment towards the person for presenting you with such a serious burden, it is important that you check out exactly what is meant. If it is suicide, you must be prepared to listen and understand.

Many people, however, do not talk about their suicidal thoughts or intentions but instead provide other clues. For example, a person planning a suicide may give away treasured possessions, suddenly see a lawyer to make a will, buy additional insurance and ensure his or her business affairs are in order. Of course, there could be many other explanations for these actions -- the person may be planning a move to a different province or a new relationship or even a serious operation. It is therefore important not to overreact, but simply to check out what the clues mean.

The physical, emotional and behavioral symptoms of depression are quite frequently clues. Depression plays a large role in the lives of people considering suicide (page 12), and the more depressed a person is, the greater the risk for suicide.

By depression, we don't mean those time-limited periods when we feel low due to the stresses and strains of everyday life or sad because of a personal loss.

What we are talking about is the prolonged, deep despondency that effects all aspects of a person's daily life -- relationships, job, everything. Sometimes, the depressed person doesn't even know what's wrong, only that he or she is in the depths of despair and sees no way out.

> There is no beauty; there's no love. There's no hope, no joy. And the only thing there is is that terrible fear and an awful desire to die . . . It's hell when you don't have to die to go to hell. All you have to do is be depressed.[20.]

The symptoms of depression are varied and may include: feelings of hopelessness, isolation and loneliness; loss of or increase in appetite; changing sleep patterns -- especially early morning wakefulness; loss of normal interest and curiosity in life; changes in social and sexual behavior; increase in alcohol and drug use; inexplicable aches and pains; crying spells; mood swings; recklessness or impulsiveness; etc. Sometimes, too, depression may be masked by what appears to be boredom or hostility.

There are other clues which might be observed in someone contemplating suicide. The person may no longer be interested in his or her personal appearance or may develop unrealistic expectations for the future. The individual may suddenly suffer from a rash of accidents which could be the result of the desire for self-harm (i.e., self-mutilation). Even more ominous, the person may start saying "goodbyes" to friends and relatives. (Table I, page 18, outlines the many clues indicating that someone may be considering suicide.)

It is important to remember that it is rarely one thing that causes a person to contemplate suicide. In most cases, a cluster of things have happened

TABLE I

CLUES INDICATING THE POSSIBILITY OF SUICIDE

1. Statements such as:

   - My family would be better off without me.
   - I'm going to end it all.
   - I won't be around much longer.
   - I don't want to be a burden.
   - I can't stand it any longer.

2. Physical symptoms such as:

   - Loss of appetite.
   - Sleep disturbances.
   - Loss of interest in appearance.
   - Self-mutilation (could be accidents).
   - Lack of energy.
   - Loss of sexual desire.
   - Hyperactivity.

3. Emotional symptoms:

   - Withdrawal.
   - Anxiety.
   - Unreal expectations about performance.
   - Despondency.
   - Mood swings.
   - Feelings of helplessness, powerlessness.
   - Feelings of loss (anticipated, real or imagined).
   - Feelings of being isolated/alone.

4. Behavioral symptoms:

   - Frequent, irrational changes in behavior.
   - Concentration difficulties.
   - Impulsiveness/recklessness.
   - Abuse of alcohol and/or drugs.

5. Giving away favorite possessions.

6. Making a will; putting business affairs in order.

7. Saying, "goodbyes".

to make the person feel hapless, hopeless and helpless. And then, one more thing . . . This triggering event frequently has something to do with a real or imagined loss -- something the person could "normally" handle -- a bad grade on a test, the death of a friend or relative, a move away from familiar surroundings, the loss of a pet, a broken engagement, getting fired, etc.

It is also important to remember that we are talking about clues. Clues are not certainties, and they can be misread. The alienated teenager, the bored middle-aged woman who drinks too much, the lonely senior citizen may not be suicidal . . . just in need of a little extra care.

However, we do need to check if our instincts are correct. The worst that can happen is that the person says, "No, I'm not considering suicide." But if the thoughts are there, the person will probably be thankful for the opportunity to discuss them openly. The poem on pages 20 and 21, like the one on page 9, was written by a youth "crushed" by the burdens of his life. His death was the only way out of the "square brown room". Both young people might have welcomed the opportunity to talk about their sadness and depression; the conversations might have made a difference.

But now what? Once we have discovered that a person is suicidal, what next? Must we act quickly?

The action taken depends upon the circumstances. Here are some things to consider when trying to assess the seriousness of the situation.

1. Does the person have a plan? If so, what is it? Has the manner of death been selected? Are the means - - gun (with bullets), rope, pills,

He always wanted to explain things.
But no one cared.
So he drew.
Sometimes he would draw,
and it wasn't anything.
He wanted to carve it in stone
or write it in the sky,
and it would be only him and the sky and
the things inside him that needed saying.
It was after that he drew the picture.
It was a beautiful picture.
He kept it under his pillow
and would let no one see it.
He would look at it every night
and think about it.
When it was dark and his eyes were closed,
he could still see it.
When he started school,
he brought it with him,
not to show anyone,
just to have along like a friend.
It was funny about school.
He sat at a square, brown desk,
like all the other square, brown desks.
He thought it should be red.
And his room was a square, brown room,
like all the other rooms.
It was tight and close and stiff.
He hated to hold the pencil and chalk,
his arms stiff, his feet flat on the floor,
stiff,
the teacher watching and watching.
The teacher came and spoke to him.
She told him to wear a tie
like all the other boys.
He said he didn't like them.
She said it didn't matter!
After that, they drew.
He drew all yellow.
It was the way he felt about morning,
and it was beautiful.
The teacher came and smiled at him.
"What's this?" she said, "Why don't you
draw something like Ken's drawing?
Isn't that beautiful?"
After that, his mother bought him a tie,
and he always drew airplanes and rocketships
like everyone else.

And he threw the old picture away.
And when he lay alone looking at the sky,
it was big and blue and all of everything,
but he wasn't anymore.
He was square inside and brown,
and his hands were stiff.
He was like everyone else.
The things inside that needed saying
didn't need it anymore.
It had stopped pushing.
It was crushed.
Stiff.
Like everything else.

Written by a high school senior
two weeks before killing himself.[21]

car, etc. -- available, or are they easily obtained? Has the person chosen the location for suicide . . . and the date?

2. Are there "significant others" -- friends, relatives, spouse, minister, counsellor, etc. - - in the life of the person? Who are they? Are they aware that the person is suicidal? Are they near at hand?

If there are "significant others", the suicidal person should be encouraged to contact them about what's happening. If the person is, or feels, isolated, without human resources, he or she is at risk.

3. Has the person attempted suicide in the past?

As mentioned on page 10, the person who has previously attempted suicide is at higher risk than someone who has not. Previous threats and suicidal behavior also increase the possibility of an attempt.

4. Is the person male or female? And what is the age?

The responses to these questions are less critical. However, as noted on page 13, men are at higher risk of completing suicide than women, and women attempt suicide more frequently than men.

In Alberta, men over 55 years of age and women between the ages of 40 and 55 are at the highest risk of completing suicide. Young people between the ages of 15 and 29, and the elderly, are also as risk.*

5. How stressed is the person? Does he or she have any hope? Does he or she think anyone can help?

What events, either current, anticipated or imagined, have

* Please refer to the Appendix for other Alberta suicide statistics.

triggered the suicidal thoughts? How severe are they? The person is at great risk for suicide if he or she has no hope for help.

And now, what should you do?

1. First, and foremost, review the clues. Make sure you know the words and phrases of warning. Learn the symptoms of depression and hopelessness. Be aware if someone suddenly becomes withdrawn and isolated. Be alert that someone may be considering suicide, and be prepared to reach out to help.

2. Trust yourown perceptions. "Good common sense" can be as valuable as an advanced degree in counselling. But do check out the situation . . . ask, "Are you considering suicide?".

   At the same time, don't let anyone try to mislead you by saying the person is not the type to attempt suicide. By now you know that there is no "suicidal type", and that thoughts of suicide could touch anyone.

3. If the situation is critical, stay with the person. Don't leave a suicidal person alone if there is any immediate danger. Stay with the person until help arrives or the crisis passes.

4. Listen nonjudgementally to what the person is telling you. Empathize with what the person is feeling. Even if you have heard the story before, listen calmly and attentively to the problem that is causing thoughts of suicide.

5. If necessary, tell others. Use careful discretion in sharing the information with the "significant others" in the person's life. However, REMEMBER: it is not disloyal to break a confidence to save a life.

6. Encourage the person to get help from appropriate professionals, and if necessary, assist in securing that help. The person should also be encouraged to continue with counselling even if it becomes difficult.

7. Be supportive at all times. Let the person know you care and want to help.

8. Follow-up. Call the person after the immediate crisis has passed to find out how he or she is doing.

9. And lastly, seek support for yourself. Dealing with people who are depressed or suicidal can be extremely exhausting and can cause a great deal of anxiety.

There are also a number of things that <u>DEFINITELY SHOULD NOT BE DONE</u>:

1. DON'T make moral judgements about suicide.

2. DON'T try to shock the person out of suicide by daring or challenging him or her to do it.

3. DON'T play psychiatrist and try to analyze the person's state of mind in the moment of crisis. This should be done later BY A PROFESSIONAL.

4. DON'T use platitudes such as, "You should be grateful for what you've got", "Time heals all wounds, you know", "Keep a stiff upper lip", etc. Such comments, well-intentioned though they may be, only increase negative feelings like guilt, worthlessness and hopelessness.

5. DON'T argue with the person over whether or not he or she should die. You are there because you are willing to take part in the person's LIFE, not death.

6. DON'T call the person "crazy" or belittle the problems presented whatever they are (for example, a teenage girl may feel desperate because the boy she wanted to take her to a dance never asked). What may not be a crisis for you may be a crisis for someone else. REMEMBER: the person is responding to the very real feelings caused by these problems and feels willing to die to escape them.

What resources are available for people who are suicidal?

1. If there is no immediate crisis, any of the following avenues may help the person to explore suicidal feelings:

   a. Talk with an understanding family member and/or friend. Sometimes, all that is needed is someone to listen without bias.

b. Call a "Distress Line". Distress Lines provide a suicidal person with someone who will listen to his or her problems attentively and nonjudgementally. Distress Lines and Suicide Prevention Centres are staffed by volunteers and/or professionals trained to assess the suicidal risk, to intervene in the crisis if necessary and to make appropriate referrals. Most Distress Lines operate 24-hours a day. (See the poem on page 27 for how one caller felt after using these services.)

c. Make an appointment with a family physician, both for a check-up and to talk about personal problems. The physician can then make a referral to a counsellor or counselling agency if appropriate.

d. Contact a Mental Health Clinic or Social Services Agency for a counselling appointment.

e. A young person may feel most comfortable talking with a teacher or school counsellor.

f. A person with a religious background may find solace talking with a minister, priest or rabbi.

2. If a crisis is "acute", that is, if the possibility for suicide is imminent:

a. Take or send the person to the nearest hospital emergency department to be seen by a professional.

A FRIEND IN NEED

Did you ever need someone to talk to.
Whether the problem be large or small?
But you thought there was no one who would listen
And you didn't think anyone would care at all.

Well I have had times like that.
And a few times I wanted to die.
I thought I wanted to kill myself,
But I knew I was too scared to try.

Well tonight I talked to Nancy.
She's a girl I have never met,
But she changed my way of thinking,
And she's one girl I'll never forget.

I often feel down-hearted
And think there's no one who cares,
So I pick up the phone and dial a number,
And I can be sure there's someone there.

Someone who wants to listen,
And do whatever they can
To help solve my problem,
And lend a helping hand.

It makes life a lot more worth living
When you know they really care.
No matter what time of day or night,
You can be sure they'll always be there.

The Suicide and Crisis Prevention
Was the best thing that ever happened to me.
They gave me a reason to go on living,
And they can do the same for you
Please Believe Me.

So why don't you call their number
If you feel the way I do.
They sure helped to save my life,
And they'll do the same thing for you.

Written by a "caller" to a
Suicide Prevention Service

b. If the person is unwilling to go for help, contact the police and explain the situation.

3. If the person has made an attempt, call police, emergency or ambulance services immediately.

We've tried to provide you with a general background about suicide as well as information about the "clues" people who are considering suicide leave for others to find (page 15). We also stress the importance of good communication skills and empathic listening in helping troubled people.

Perhaps we should reflect upon the conclusion of a recent column by Erma Bombeck:[23].

> I've always thought there should be a telethon for loneliness. No money would change hands. No matching pledges. No easy credit card numbers to be taken down. Just a union of two people. One who needs the time to talk. The other who makes the time to listen.

This is a service you can provide for family members and friends . . . and even, sometimes, acquaintances. It's amazing the number of people who can be helped by someone with the time and interest to listen intelligently.

Even though we don't have an "antisuicidal substance" (page 15), we can help prevent someone from attempting or committing suicide by remembering to:

REVIEW THE CLUES.

TRUST YOUR OWN PERCEPTIONS.

STAY WITH THE PERSON IF NECESSARY.

LISTEN NONJUDGEMENTALLY.

TELL OTHERS IF NECESSARY.

ENCOURAGE PROFESSIONAL HELP.

BE SUPPORTIVE AT ALL TIMES.

FOLLOW-UP.

Remember that there are many resources -- people and agencies available to help:

1. The person's "significant others" - - family and friends.
2. Distress Lines and/or Suicide Prevention Centres.
3. Family physicians.
4. Mental Health Clinics or Social Service Agencies.
5. School teachers and/or counsellors.
6. Ministers, priests, rabbis, etc.
7. Hospital Emergency Departments.
8. Police Departments.
9. Emergency and/or ambulance services.

It will generally be found that when the terrors
of life outweigh the terrors of death
a man will put an end to his life.

ARTHUR SCHOPENHAUER.[24.]

We hope this paper has provided you with guidelines to help such people.

If you have further questions, or wish additional information, please contact:

AID SERVICE OF EDMONTON

203, 10711 - 107 Avenue

Edmonton, Alberta

T5H 0W6

or

(403) 426-3242

FOOTNOTES

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APPENDIX

TABLE II

SUICIDES IN ALBERTA (1982)[1].

Region	Male	Female	Total
Calgary	85	24	109
Edmonton	86	26	112
North Rural[2].	85	12	97
South Rural[3].	50	12	62
Totals	306	74	380

1. Source: Alberta Attorney General, Office of the Chief Medical Examiner.
2. North of Red Deer, excluding Edmonton.
3. South of Red Deer, excluding Calgary.

TABLE IV

1979 SUICIDE RATES FOR SELECTED METROPOLITAN AREAS[1]. (UNITED STATES)

Metropolitan Area	Rate[2].
Denver - Boulder, Colorado	19.6
Miami, Florida	19.3
San Francisco - Oakland, California	18.3
Phoenix, Arizona	17.9
Cleveland, Ohio	16.3
Los Angeles - Long Beach, California	15.3
Houston, Texas	14.3
New Orleans, Louisiana	13.6
Dallas - Fort Worth, Texas	13.2
Detroit, Michigan	13.0
Philadelphia, Pennsylvania - New Jersey	11.3
Washington, D.C. - Maryland - Virginia	11.1
New York, New York - New Jersey	9.5
Chicago, Illinois	8.6
Boston, Massachusetts	8.2
Hartford, Connecticut	6.8

1979 SUICIDE RATES FOR SELECTED PROVINCES (CANADA)

Alberta	16.1

1. Metropolitan areas are those defined by the Office of Management and Budget for 1979.

2. Number of suicides per 100,000.